

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization NOVANT HEALTH INC	Employer identification number 56-1376950
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .	<b>1b</b> Yes	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . . .	<b>2</b> Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee	
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? . . . . .	<b>4a</b> Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .	<b>4b</b> Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? . . . . .	<b>5a</b>	No
<b>b</b> Any related organization? . . . . .	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? . . . . .	<b>6a</b>	No
<b>b</b> Any related organization? . . . . .	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2018

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**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ARMATO CARL PRESIDENT & CEO NH / TRUSTEE	(i)	1,503,933	1,331,375	653,931	24,000	40,045	3,553,284	7,500
	(ii)	0	0	0	0	0	0	0
2 HARGETT FRED EVP & CFO	(i)	841,602	754,167	370,181	24,000	37,924	2,027,874	7,500
	(ii)	0	0	0	0	0	0	0
3 MORRIS JOHN ASST SEC	(i)	258,746	101,077	33,207	24,000	23,612	440,642	7,500
	(ii)	0	0	0	0	0	0	0
4 WALSH BETSY ASST SEC	(i)	264,898	101,077	31,407	24,000	32,315	453,697	5,000
	(ii)	0	0	0	0	0	0	0
5 BLACKMON TANYA EVP - CHIEF DIVERSITY OFF	(i)	298,935	247,890	60,602	86,882	15,164	709,473	7,500
	(ii)	0	0	0	0	0	0	0
6 BRUNSTETTER PETER FMR EVP & CHIEF LEGAL OFFICER	(i)	405,889	631,696	318,156	22,514	30,707	1,408,962	97,500
	(ii)	0	0	0	0	0	0	0
7 COOK DAVID								



7000 DAVID SVP	(i)	440,470	298,508	155,607	24,000	35,503	959,896	71,250
	(ii)	-	-	-	-	-	-	-
8CURETON JESSE EVP	(i)	579,262	551,031	199,266	145,197	40,978	1,515,734	122,860
	(ii)	-	-	-	-	-	-	-
9EDWARDS BRYAN SVP	(i)	603,564	112,133	49,543	81,604	34,073	880,917	7,500
	(ii)	-	-	-	-	-	-	-
10ESKIOGLU ERIC SVP	(i)	751,181	478,503	36,147	139,875	37,747	1,443,453	0
	(ii)	-	-	-	-	-	-	-
11GARRETT DAVID FMR SVP & CIO	(i)	129,646	472,315	727,877	4,838	27,399	1,362,075	228,649
	(ii)	-	-	-	-	-	-	-
12JENIKE THOMAS SVP	(i)	394,917	254,284	108,364	86,038	35,492	879,095	60,000
	(ii)	-	-	-	-	-	-	-
13LANGFORD KATHRYN SVP	(i)	407,099	270,701	117,435	88,154	17,515	900,904	64,500
	(ii)	-	-	-	-	-	-	-
14LIMENTANI STEVEN SVP	(i)	600,695	384,463	126,763	16,500	26,376	1,154,797	0
	(ii)	-	-	-	-	-	-	-
15LINDSAY JEFFERY EVP	(i)	915,320	762,396	228,118	24,000	30,246	1,960,080	7,500
	(ii)	-	-	-	-	-	-	-
16MIHAL DENISE EVP - CNO/CLIN OPS	(i)	676,022	583,872	197,524	24,000	19,808	1,501,226	7,500
	(ii)	-	-	-	-	-	-	-
17MORGAN WAYNE SVP	(i)	424,512	250,146	102,968	91,133	38,854	907,613	59,258
	(ii)	-	-	-	-	-	-	-
18OLIVER PAM EVP & PRES NHMG	(i)	35,037	0	19,946	24,000	10,065	89,048	7,500
	(ii)	-	-	-	-	-	-	-
19PHIPPS JOHN FMR EVP & PRES NHMG	(i)	388,280	27,905	15,033	0	21,910	453,128	0
	(ii)	-	-	-	-	-	-	-
20SEEHAUSEN ROBERT SVP	(i)	475,523	700,711	424,735	24,000	27,355	1,652,324	100,650
	(ii)	-	-	-	-	-	-	-
21SMITH HARRY SVP HOSPITAL OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
22SMITH-HILL JANET EVP	(i)	409,511	279,810	118,931	24,000	35,778	868,030	7,500
	(ii)	-	-	-	-	-	-	-
23MYERS SCOTT SVP CORPORATE FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
24ZWENG THOMAS FMR EVP & CHIEF MEDICAL OFFICER	(i)	590,928	386,327	153,754	116,199	37,965	1,285,173	84,750
	(ii)	-	-	-	-	-	-	-
25GREGORY CHERE SVP WOMEN'S HEALTH SERVICES	(i)	460,866	383,588	130,014	120,236	35,362	1,130,066	65,438
	(ii)	-	-	-	-	-	-	-
26GRIFFIN JON SVP FINANCIAL PLAN & ANALYSIS	(i)	494,944	105,000	105,628	105,000	34,287	844,859	0
	(ii)	-	-	-	-	-	-	-
27WOOLLEN JR THOMAS SVP CORP HLTH & HALLMARK CARE	(i)	336,434	670,824	510,223	18,300	42,991	1,578,772	98,143
	(ii)	-	-	-	-	-	-	-
28PATEFIELD ARTHUR J SVP & CHIEF MED INFO OFF	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
29DANIELS JACQUELINE FMR EVP & CHIEF ADMIN OFFICER	(i)	406,827	250,606	85,748	78,427	31,771	853,379	60,000
	(ii)	-	-	-	-	-	-	-
30BEST DIANA FMR SVP CLINICAL IMPROVEMENT	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
31GARDELLA JOHN VP	(i)	385,579	246,951	98,764	85,865	37,527	854,686	54,750
	(ii)	-	-	-	-	-	-	-
32GARMON-BROWN OPHELIA SVP	(i)	394,537	251,457	96,459	86,007	16,997	845,457	52,584
	(ii)	-	-	-	-	-	-	-
33PARK DAVID SVP	(i)	410,343	271,710	44,836	16,500	38,574	781,963	7,500
	(ii)	-	-	-	-	-	-	-
34PARK DAVID SVP	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
35GARDELLA JOHN VP	(i)	369,378	250,050	113,997	83,096	38,147	854,668	63,025
	(ii)	-	-	-	-	-	-	-
36GARDELLA JOHN VP	(i)	0	227,341	401,088	0	8,334	636,763	7,500
	(ii)	-	-	-	-	-	-	-
37GARDELLA JOHN VP	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
38GARDELLA JOHN VP	(i)	83,407	419,131	437,453	4,996	20,568	965,555	7,500
	(ii)	-	-	-	-	-	-	-
39GARDELLA JOHN VP	(i)	167,469	206,182	11,277	0	12,035	396,963	7,500
	(ii)	-	-	-	-	-	-	-
40GARDELLA JOHN VP	(i)	134,275	0	18,602	16,101	10,316	179,294	0
	(ii)	-	-	-	-	-	-	-
41GARDELLA JOHN VP	(i)	352,851	239,012	112,712	16,500	19,179	740,254	61,575
	(ii)	-	-	-	-	-	-	-
42GARDELLA JOHN VP	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
43GARDELLA JOHN VP	(i)	330,891	220,151	56,736	16,500	25,538	649,816	7,500
	(ii)	-	-	-	-	-	-	-

35ROBSON MELISSA FMR SVP & CEO NHUVA HEALTH SYSTEM	(i)	0	0	438,970	0	33,471	472,441	66,983
	(ii)	-	-	-	-	-	-	-
36VINCENT PAULA FMR NH SVP	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		454,883	274,707	71,967	16,500	19,796	837,853	22,500

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### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	PART I, LINE 1A: FRINGE OR EXPENSE EXPLANATION FIRST-CLASS OR CHARTER TRAVEL: FIRST-CLASS OR CHARTER TRAVEL IS NOT A COVERED TRAVEL EXPENSE FOR EXECUTIVES; THEY ARE LIMITED TO BUSINESS OR COACH CLASS FARES FOR COMMERCIAL FLIGHTS. HOWEVER, CHARTER TRAVEL IS AVAILABLE TO CERTAIN EXECUTIVES, BOARD MEMBERS, AND APPROVED BUSINESS PERSONNEL MEETING APPLICABLE POLICY CRITERIA. TRAVEL FOR COMPANIONS: COMPANIONS ARE ALLOWED ON CERTAIN CHARTER FLIGHTS PAID FOR BY THE ORGANIZATION. IN THAT CASE, THE VALUE OF THE COMPANION'S FLIGHT IS CALCULATED UNDER APPLICABLE TAX LAWS AND THAT AMOUNT IS INCLUDED IN THE EXECUTIVE'S TAXABLE INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: EXECUTIVES WHO USE FUNDS MADE AVAILABLE THROUGH THEIR DISCRETIONARY SPENDING ACCOUNT UNDER THE EXECUTIVE PERQUISITE PLAN (THE "PLAN") TO PAY PREMIUMS ON CASH VALUE LIFE INSURANCE POLICIES MAY RECEIVE ADDITIONAL COMPENSATION TO ADJUST FOR THE INCOME TAX LIABILITY ASSOCIATED WITH PAYING PREMIUMS FOR THIS INSURANCE. DISCRETIONARY SPENDING ACCOUNT: CERTAIN EXECUTIVES RECEIVE A DISCRETIONARY SPENDING ACCOUNT. THE DOLLAR AMOUNT IN THE ACCOUNT IS PRE-APPROVED BY THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE NOVANT HEALTH BOARD OF TRUSTEES. THE ACCOUNT CAN BE USED ONLY FOR AN APPROVED LIST OF EXPENDITURES. ALL OPTIONS OTHER THAN A DEFERRED, AT-RISK, COMPENSATION OPTION ARE CONSIDERED TAXABLE AND ARE INCLUDED IN THE EXECUTIVE'S TAXABLE INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE: WE PROVIDE TEMPORARY HOUSING ALLOWANCES IN CERTAIN EXECUTIVE RECRUITMENT AND RELOCATION PACKAGES. THE VALUE IS CALCULATED UNDER APPLICABLE TAX LAWS AND THAT AMOUNT IS INCLUDED IN THE EXECUTIVE'S INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS.
PART I, LINES 4A-B	PART I, LINES 4A-C: SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS SEVERANCE NONQUALIFIED EQUITY-BASED BEST, DIANA 346,408 BRUNSTETTER, PETER 87,385 90,000 COOK, DAVID 63,750 CURETON, JESSE 115,360 DANIELS, JACQUELINE 401,682 EASTERLING, DONALD 45,000 GARMON-BROWN, OPHELIA MD 54,075 GARRETT, DAVID 353,282 62,868 GREGORY, CHERE MD 52,500 GRIFFIN, JON 47,250 JENIKE, THOMAS MD 52,500 LANGFORD, KATHRYN 57,000 MORGAN, WAYNE 51,758 MYERS, SCOTT 45,084 PHIPPS, JOHN 127,927 93,150 ROBSON, MELISSA 445,943 59,483 SMITH, HARRY 77,250 SMITH-HILL, JANET 57,938 VANCE, AMY 47,895 WOOLLEN, THOMAS 55,525 ZWENG, THOMAS 249,913 90,643
PART I, LINE 4A - SEVERANCE PLAN:	ELIGIBLE EXECUTIVES MAY RECEIVE SEVERANCE PAY THAT IS BASED ON ANNUAL COMPENSATION FOR A SPECIFIED PERIOD OF TIME. THE SEVERANCE PAY WOULD BE PAID ONLY IN THE EVENT OF CERTAIN TYPES OF EMPLOYMENT TERMINATION, AND IS FURTHER CONTINGENT ON THE SATISFACTION OF OTHER CONDITIONS SUCH AS COMPLIANCE WITH A NON-COMPETITION COVENANT. ANY CURRENT YEAR PAYMENTS HAVE BEEN INCLUDED IN THE COMPENSATION AMOUNTS REPORTED IN PART VII AND IN COLUMN (B)(III) OF SCHEDULE J. THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE NOVANT HEALTH BOARD REVIEWS, APPROVES, AND OVERSEES ALL ASPECTS AND ALL ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS, INCLUDING THE AMOUNTS AWARDED UNDER THIS SEVERANCE PLAN.
PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS:	THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") IS INTENDED TO SUPPORT RETENTION OF KEY EXECUTIVES, AND TO OFFER COMPETITIVE TOTAL COMPENSATION. ELIGIBLE EXECUTIVES WILL BE NOMINATED BY THE CEO AND APPROVED BY THE NOVANT HEALTH COMPENSATION AND LEADERSHIP COMMITTEE ("THE COMMITTEE") TO PARTICIPATE. GENERALLY, ANNUAL CONTRIBUTIONS TO THE PLAN OR PAYMENTS TO PARTICIPANTS WILL BE BASED ON A PERCENTAGE OF THE PARTICIPANT'S BASE SALARY AS OF JANUARY 1ST OF THE PREVIOUS PLAN YEAR AND ARE REPORTED IN COLUMN (C) OF SCHEDULE J. PRIOR TO MAKING THE CONTRIBUTIONS OR PAYMENTS, THE COMMITTEE WILL APPROVE THE AMOUNTS AS TO REASONABLENESS, WHEN COMBINED WITH ALL OTHER ANNUAL COMPENSATION. A 3 YEAR CLASS-YEAR VESTING PERIOD WILL APPLY UP TO AGE 62, WHEN ALL MONEY WOULD BE VESTED AND PAID OUT TO THE PARTICIPANT. OTHERWISE, VESTING WILL OCCUR ON JANUARY 1ST OF EACH YEAR FOR THE APPROPRIATE CLASS-YEAR VESTING PERIOD. THE COMMITTEE REVIEWS, APPROVES, AND OVERSEES ALL ASPECTS AND ALL ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS.

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### Additional Data

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